

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼**

Example: If typing, type over the lines.

12FE4M5

Donovan for Congress

ADDRESS (number and street)

440 Leverett Avenue



Check if different than previously reported. (ACC)

Staten Island

NY

10308

2. **FEC IDENTIFICATION NUMBER ▼**

C C00571869

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

NY

11

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

05

D D / Y Y Y Y

26

Y Y Y Y

2015

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William DeLuccio

Signature of Treasurer

William DeLuccio

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

15

Y Y Y Y

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Donovan for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	48600	83390
(b) Total Contribution Refunds (from Line 20(d)) .....	2925	2925
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	45675	80465
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	41482.7	126213.57
(b) Total Offsets to Operating Expenditures (from Line 14) .....	2000	2000
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	39482.7	124213.57
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	327721.51	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 32

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Donovan for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

400

9100

**(ii) Unitemized.....**

200

290

**(iii) TOTAL of contributions from individuals ▶**

600

9390

**(b) Political Party Committees.....**

0

0

**(c) Other Political Committees (such as PACs).....**

48000

74000

**(d) The Candidate.....**

0

0

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

48600

83390

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

10874.55

10874.55

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0

0

**(b) All Other Loans.....**

0

0

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0

0

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

2000

2000

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0

0

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

61474.55

96264.55

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 32

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	41482.7	126213.57
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	2925	2925
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2925	2925
21. OTHER DISBURSEMENTS .....	10000	15000
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	54407.7	144138.57

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	320654.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	61474.55
25. SUBTOTAL (add Line 23 and Line 24).....	382129.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	54407.7
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	327721.51

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial)

**A. Ashraf Samaan**

Mailing Address 15 Leonello Lane

City

Staten Island

State

NY

Zip Code

10307-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Light Medical PCOccupation  
Physician / Owner

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : A-CF1915

Amount of Each Receipt this Period

400

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

400.00

400.00

FOR LINE NUMBER:		PAGE 6 OF 32	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

NAME OF COMMITTEE (In Full)  
Donovan for Congress

Date of Receipt

MM / DD / YYYY

06 / 08 / 2015

Transaction ID : A-CF1894

Amount of Each Receipt this Period

Date of Receipt

MM / DD / YYYY

06 / 08 / 2015

Transaction ID : A-CF1895

Amount of Each Receipt this Period

Date of Receipt

MM / DD / YYYY

06 / 08 / 2015

Transaction ID : A-CF1896

Amount of Each Receipt this Period

4000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 32

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Donovan for Congress

Full Name (Last, First, Middle Initial) <b>A. Voice for Freedom PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2015
Mailing Address 2700 Cumberland Pkwy Ste. 150		Transaction ID : A-CF1897
City Atlanta	State GA	
Zip Code 30339		Amount of Each Receipt this Period 2500
FEC ID number of contributing federal political committee. C C00409805		
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500	

Full Name (Last, First, Middle Initial) <b>B. National Elevator Constructors PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2015
Mailing Address 7154 Columbia Gateway Drive		Transaction ID : A-CF1893
City Columbia	State MD	
Zip Code 21046		Amount of Each Receipt this Period 1000
FEC ID number of contributing federal political committee. C C00383950		
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Inc. Federal PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2015
Mailing Address 208 S Akard Street Suite 2701		Transaction ID : A-CF1913
City Dallas	State TX	
Zip Code 75202-4206		Amount of Each Receipt this Period 1000
FEC ID number of contributing federal political committee. C C00109017		
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 32

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial)

**Bluegrass Committee**

Mailing Address 220 1/2 E Street NE

City

Washington

State

DC

Zip Code

20002-4923

FEC ID number of contributing  
federal political committee.**C** C00235655

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

10000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2015

Transaction ID : A-CF1925

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

**Bluegrass Committee**

Mailing Address 220 1/2 E Street NE

City

Washington

State

DC

Zip Code

20002-4923

FEC ID number of contributing  
federal political committee.**C** C00235655

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2015

Transaction ID : A-CF1926

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

**Brady for Congress**

Mailing Address PO Box 8277

City

The Woodlands

State

TX

Zip Code

77387

FEC ID number of contributing  
federal political committee.**C** C00311043

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2015

Transaction ID : A-CF1919

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

11000.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 32

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CMR PAC**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2015

Transaction ID : A-CF1927

Amount of Each Receipt this Period

2500

**B.** Full Name (Last, First, Middle Initial)  
**CSX Corporation Good Government Fund**

Mailing Address 1331 Pennsylvania Ave, NW  
Suite 560, National Place

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2015

Transaction ID : A-CF1914

Amount of Each Receipt this Period

1000

**C.** Full Name (Last, First, Middle Initial)  
**Fluor Corporation Political Action Committee**

Mailing Address 403 East Capitol Street, SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00034132

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2015

Transaction ID : A-CF1916

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 32

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jeff PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2015	
Mailing Address 2150 River Plaza Drive #150		<b>Transaction ID : A-CF1921</b>	
City Sacramento	State CA	Zip Code 95833	Amount of Each Receipt this Period 1000
FEC ID number of contributing federal political committee. <b>C</b> C00489112			
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Jobs, Economy, and Budget Fund</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2015	
Mailing Address PO Box 30844		<b>Transaction ID : A-CF1922</b>	
City Bethesda	State MD	Zip Code 20824-0844	Amount of Each Receipt this Period 5000
FEC ID number of contributing federal political committee. <b>C</b> C00420695			
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>John S. Fund PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2015	
Mailing Address PO Box 853		<b>Transaction ID : A-CF1930</b>	
City Edwardsville	State IL	Zip Code 62025-0853	Amount of Each Receipt this Period 1000
FEC ID number of contributing federal political committee. <b>C</b> C00390831			
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		7000.00	
<b>TOTAL</b> This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 32

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Donovan for Congress****A.** Full Name (Last, First, Middle Initial)  
**Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389-2667

FEC ID number of contributing  
federal political committee.**C** C00420935

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2015

**Transaction ID : A-CF1923**

Amount of Each Receipt this Period

2000

**B.** Full Name (Last, First, Middle Initial)  
**Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389-2667

FEC ID number of contributing  
federal political committee.**C** C00420935

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2015

**Transaction ID : A-CF1924**

Amount of Each Receipt this Period

2000

**C.** Full Name (Last, First, Middle Initial)  
**Liberty Project**

Mailing Address PO Box 53866

City	State	Zip Code
Lubbock	TX	79453

FEC ID number of contributing  
federal political committee.**C** C00446625

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2015

**Transaction ID : A-CF1929**

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 32

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial)

**Luke Messer for Congress**

Mailing Address PO Box 917

City

Shelbyville

State

IN

Zip Code

46176-0917

FEC ID number of contributing  
federal political committee.

C C00460667

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2015

Transaction ID : A-CF1928

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

**Majority Committee PAC**

Mailing Address PO Box 10134

City

Bakersfield

State

CA

Zip Code

93389-0134

FEC ID number of contributing  
federal political committee.

C C00428052

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2015

Transaction ID : A-CF1931

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

**Rick W. Allen For Congress**

Mailing Address PO Box 338

City

Augusta

State

GA

Zip Code

30903

FEC ID number of contributing  
federal political committee.

C C00504019

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2015

Transaction ID : A-CF1918

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

7000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 32

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Donovan for Congress****A.** Full Name (Last, First, Middle Initial)  
**The Home Depot Inc. Political Action Committee**Mailing Address 1155 F Street NW  
Suite 400

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing  
federal political committee.**C** C00284885

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2015

**Transaction ID : A-CF1917**

Amount of Each Receipt this Period

2500

**B.** Full Name (Last, First, Middle Initial)  
**What A Country! PAC**Mailing Address 824 S Milledge Avenue  
Suite 101

City	State	Zip Code
Athens	GA	30605

FEC ID number of contributing  
federal political committee.**C** C00571646

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2015

**Transaction ID : A-CF1920**

Amount of Each Receipt this Period

1000

**C.** Full Name (Last, First, Middle Initial)  
**Upper Hand Fund PAC**

Mailing Address PO Box 2485

City	State	Zip Code
Springfield	VA	22152-0485

FEC ID number of contributing  
federal political committee.**C** C00503151

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		24		2015

**Transaction ID : A-CF1909**

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 32

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial)

**A. National Electrical Contractors Association PAC**

Mailing Address 3 Bethesda Metro Center

City

Bethesda

State

MD

Zip Code

20814-5330

FEC ID number of contributing  
federal political committee.**C** C00113811

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : A-CF1935

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

48000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial)

**Patriot Day II 2015**

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.**C** C00578211

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

10874.55

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

**Transaction ID : A-TF1940**

Amount of Each Receipt this Period

10874.55

SEE MEMO ITEMS

Full Name (Last, First, Middle Initial)

**Latta for Congress**

Mailing Address PO Box 106

City

Bowling Green

State

OH

Zip Code

43402

FEC ID number of contributing  
federal political committee.**C** C00438697

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

888.89

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2015

**Transaction ID : A-TIP59**

Amount of Each Receipt this Period

888.89

SEE MEMO ITEMS

**[MEMO ITEM]**

Transfer Memo of Patriot Day II 2015 (6/20/2015)

Full Name (Last, First, Middle Initial)

**National Republican Congressional Committee**

Mailing Address 320 1st Street SE

City

Washington

State

DC

Zip Code

20003-1838

FEC ID number of contributing  
federal political committee.**C** C00002931

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2015

**Transaction ID : A-TIP62**

Amount of Each Receipt this Period

5000

SEE MEMO ITEMS

**[MEMO ITEM]**

Transfer Memo of Patriot Day II 2015 (6/5/2015)

**SUBTOTAL** of Receipts This Page (optional).....

10874.55

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial)

**New Pioneers PAC**

Mailing Address 228 S. Washington Street  
 Suite 115

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing  
federal political committee.

**C** C00459123

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2015

Transaction ID : A-TIP63

Amount of Each Receipt this Period

5000

SEE MEMO ITEMS

**[MEMO ITEM]**

Transfer Memo of Patriot Day II 2015 (6/20/2015)

Full Name (Last, First, Middle Initial)

**Keeping Republican Ideas Strong Timely & Inventive (Kristi PAC)**

Mailing Address PO Box 312

City	State	Zip Code
Sioux Falls	SD	57101

FEC ID number of contributing  
federal political committee.

**C** C00493809

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

277.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		03		2015

Transaction ID : A-TIP60

Amount of Each Receipt this Period

277.78

SEE MEMO ITEMS

**[MEMO ITEM]**

Transfer Memo of Patriot Day II 2015 (6/3/2015)

Full Name (Last, First, Middle Initial)

**Kristi for Congress**

Mailing Address PO Box 852

City	State	Zip Code
Sioux Falls	SD	57101

FEC ID number of contributing  
federal political committee.

**C** C00476853

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

277.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		03		2015

Transaction ID : A-TIP61

Amount of Each Receipt this Period

277.78

SEE MEMO ITEMS

**[MEMO ITEM]**

Transfer Memo of Patriot Day II 2015 (6/3/2015)

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 32

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Citizens to Elect Phil Roe to Congress**

Mailing Address PO Box 3218

City	State	Zip Code
Johnson City	TN	37602

FEC ID number of contributing  
federal political committee.

**C** C00444471

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2015

Transaction ID : A-TIP64

Amount of Each Receipt this Period

500

SEE MEMO ITEMS

**[MEMO ITEM]**

Transfer Memo of Patriot Day II 2015 (6/20/2015)

**B.** Full Name (Last, First, Middle Initial)  
**Westmoreland for Congress**

Mailing Address PO Box 458

City	State	Zip Code
Sharpsburg	GA	30277

FEC ID number of contributing  
federal political committee.

**C** C00387126

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2015

Transaction ID : A-TIP65

Amount of Each Receipt this Period

500

SEE MEMO ITEMS

**[MEMO ITEM]**

Transfer Memo of Patriot Day II 2015 (6/22/2015)

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

10874.55

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 32

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Donovan for Congress****A.** Full Name (Last, First, Middle Initial)  
**9712 Third Avenue Realty LLC**

Mailing Address 175 West Broadway

City	State	Zip Code
New York	NY	10013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special General

Election Cycle-to-Date

2000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : A-OF1900

Amount of Each Receipt this Period

2000

Offset: Security Deposit Refund from 3/18/15

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

2000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial)

**A. Epiphany Productions**

Mailing Address 104 Hume Avenue

City	State	Zip Code
Alexandria	VA	22301-1015

Purpose of Disbursement  
SEE MEMO ITEMS

001

Category/  
Type

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2015

Amount of Each Disbursement this Period

2923.87
---------

Transaction ID : B-E-1855

Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial)

**B. Capitol Hill Club**

Mailing Address 300 1st Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Catering

003

Category/  
Type

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2015

Amount of Each Disbursement this Period

2071.05
---------

Transaction ID : B-S-235

[MEMO ITEM]

Subitemization of Epiphany Productions(05/26/15)

Full Name (Last, First, Middle Initial)

**c. Capitol Host**

Mailing Address 500 North Capitol Street NW

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement  
Catering

003

Category/  
Type

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2015

Amount of Each Disbursement this Period

620.96
--------

Transaction ID : B-S-236

[MEMO ITEM]

Subitemization of Epiphany Productions(05/26/15)

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2923.87

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial)

**A. Sumner 360**

Mailing Address 2644 Five Oaks Road

City	State	Zip Code
Vienna	VA	22181

Purpose of Disbursement  
Meal Expenses

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2015

Amount of Each Disbursement this Period

115.64

Transaction ID : B-S-237

**[MEMO ITEM]**

Subitemization of Epiphany Productions(05/26/15)

**B. Federal Express**

Mailing Address 555 Compress Drive

City	State	Zip Code
Memphis	TN	38106

Purpose of Disbursement  
Express Shipping

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2015

Amount of Each Disbursement this Period

62.62

Transaction ID : B-S-238

**[MEMO ITEM]**

Subitemization of Epiphany Productions(05/26/15)

**c. Sumner 360**

Mailing Address 2644 Five Oaks Road

City	State	Zip Code
Vienna	VA	22181

Purpose of Disbursement  
General Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2015

Amount of Each Disbursement this Period

29.6

Transaction ID : B-S-239

**[MEMO ITEM]**

Subitemization of Epiphany Productions(05/26/15)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial)

**A. Sumner 360**

Mailing Address 2644 Five Oaks Road

City	State	Zip Code
Vienna	VA	22181

Purpose of Disbursement  
Parking Fee

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2015

Amount of Each Disbursement this Period

24
----

Transaction ID : B-S-240

**[MEMO ITEM]**

Subitemization of Epiphany Productions(05/26/15)

**B. Richmond Lock & Key**

Mailing Address 4125B Hylan Boulevard

City	State	Zip Code
Staten Island	NY	10308

Purpose of Disbursement  
General Office Supplies

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2015

Amount of Each Disbursement this Period

359.28
--------

Transaction ID : B-E-1856

**c. Payroll Network**

Mailing Address 2092 Gaither Road

City	State	Zip Code
Rockville	MD	20850-4011

Purpose of Disbursement  
Payroll Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2015

Amount of Each Disbursement this Period

39.45
-------

Transaction ID : B-E-1875

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

398.73

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial)

**A. Bracewell & Giuliani**Mailing Address 1251 Avenue Of The Americas  
Floor 49City State Zip Code  
New York NY 10020-1100Purpose of Disbursement  
Legal Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2015

Amount of Each Disbursement this Period

3005.3
--------

Transaction ID : B-E-1877

**B. Capitol Hill Club**

Mailing Address 300 1st Street SE

City State Zip Code  
Washington DC 20003Purpose of Disbursement  
Meal Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2015

Amount of Each Disbursement this Period

60.78
-------

Transaction ID : B-E-1932

**c. Campaign Financial Services**

Mailing Address PO Box 30844

City State Zip Code  
Bethesda MD 20824-0844Purpose of Disbursement  
SEE MEMO ITEMS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2015

Amount of Each Disbursement this Period

2014.83
---------

Transaction ID : B-E-1890

Original vendors exceeding reporting threshold itemized  
as memo transactions.**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5080.91



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Donovan for Congress

Full Name (Last, First, Middle Initial)

**A. Payroll Network**

Mailing Address 2092 Gaither Road

City	State	Zip Code
Rockville	MD	20850-4011

Purpose of Disbursement  
Payroll Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2015

Amount of Each Disbursement this Period

39.45
-------

Transaction ID : B-E-1933

**B. Strategic Partners & Media, Inc.**Mailing Address 575 Main Street  
Suite 251

City	State	Zip Code
Laurel	MD	20707-4353

Purpose of Disbursement  
Fundraising and Media Consulting

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2015

Amount of Each Disbursement this Period

17780
-------

Transaction ID : B-E-1891

**C. Wells Fargo Bank**

Mailing Address 7901 Wisconsin Avenue

City	State	Zip Code
Bethesda	MD	20814-3619

Purpose of Disbursement  
Banking Service Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2015

Amount of Each Disbursement this Period

17.03
-------

Transaction ID : B-E-1898

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

17836.48



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank**

Mailing Address 7901 Wisconsin Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2015

City	State	Zip Code
Bethesda	MD	20814-3619

Amount of Each Disbursement this Period

21.73
-------

Purpose of Disbursement  
Banking Service Fees

001

Transaction ID : B-E-1899

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Clavier Realty LLC**

Mailing Address 2300 Richmond Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2015

City	State	Zip Code
Staten Island	NY	10306

Amount of Each Disbursement this Period

5000
------

Purpose of Disbursement  
Rent

001

Transaction ID : B-E-1903

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Ronald Castorina Jr.**

Mailing Address 4308 Richmond Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2015

City	State	Zip Code
Staten Island	NY	10312-6239

Amount of Each Disbursement this Period

6000
------

Purpose of Disbursement  
Legal Consulting

001

Transaction ID : B-E-1905

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11021.73

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial)

**A. The Jewish Press**

Mailing Address 4915 16th Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2015

City	State	Zip Code
Brooklyn	NY	11204-1115

Amount of Each Disbursement this Period

500
-----

Purpose of Disbursement  
Advertising

004

Transaction ID : B-E-1906

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Premium Assignment Corporation**

Mailing Address PO Box 8000

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2015

City	State	Zip Code
Tallahassee	FL	32314-8000

Amount of Each Disbursement this Period

2493.26
---------

Purpose of Disbursement  
Insurance

001

Transaction ID : B-E-1908

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Payroll Network**

Mailing Address 2092 Gaither Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2015

City	State	Zip Code
Rockville	MD	20850-4011

Amount of Each Disbursement this Period

39.45
-------

Purpose of Disbursement  
Payroll Fees

001

Transaction ID : B-E-1910

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

3032.71

TOTAL This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial)

**A. A To Z Auto Body Corp**

Mailing Address 4409 Arthur Kill Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2015

City	State	Zip Code
Staten Island	NY	10309

Amount of Each Disbursement this Period

300
-----

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : B-E-1881

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special General 2015

State: District:

Full Name (Last, First, Middle Initial)

**B. Armos 8 Restoration, Inc.**

Mailing Address 14925 18th Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2015

City	State	Zip Code
Whitestone	NY	11357

Amount of Each Disbursement this Period

500
-----

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : B-E-1879

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special General 2015

State: District:

Full Name (Last, First, Middle Initial)

**C. Atlantis Healthcare Group Inc.**

Mailing Address 68 White Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2015

City	State	Zip Code
Red Bank	NJ	07701

Amount of Each Disbursement this Period

300
-----

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : B-E-1882

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special General 2015

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1100.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial)

**A. CSIR Group LLC**

Mailing Address 1412 Broadway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2015

City	State	Zip Code
New York	NY	10018

Amount of Each Disbursement this Period

125
-----

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : B-E-1885

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special General 2015

State: District:

Full Name (Last, First, Middle Initial)

**B. Diagnostic Ultrasound Specialists**

Mailing Address PO Box 542

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2015

City	State	Zip Code
Locust Valley	NY	11560

Amount of Each Disbursement this Period

250
-----

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : B-E-1883

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special General 2015

State: District:

Full Name (Last, First, Middle Initial)

**C. G.T. Rentals Corp.**

Mailing Address 310 Nassau Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2015

City	State	Zip Code
Brooklyn	NY	11222

Amount of Each Disbursement this Period

150
-----

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : B-E-1886

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special General 2015

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

525.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 32

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Donovan for Congress

Full Name (Last, First, Middle Initial)

**A. George John Ayyad, Physician, P.C.**

Mailing Address 1800 Clove Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2015

City	State	Zip Code
Staten Island	NY	10304

Amount of Each Disbursement this Period

200
-----

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : B-E-1889

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special General 2015

State:

District:

Full Name (Last, First, Middle Initial)

**B. Michelstein & Associates, PLLC**Mailing Address 485 Madison Avenue  
Floor 13

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2015

City	State	Zip Code
New York	NY	10022

Amount of Each Disbursement this Period

250
-----

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : B-E-1880

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special General 2015

State:

District:

Full Name (Last, First, Middle Initial)

**C. Neumann's Tree Service**

Mailing Address 383 Bement Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2015

City	State	Zip Code
Staten Island	NY	10310

Amount of Each Disbursement this Period

100
-----

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : B-E-1887

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special General 2015

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

550.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Donovan for Congress**

Full Name (Last, First, Middle Initial)

**A. Premium Gold Real Estate, Inc.**

Mailing Address 175-14 147th Avenue

City	State	Zip Code
Jamaica	NY	11434

Purpose of Disbursement  
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Special General 2015

Date of Disbursement

M M / D D / Y Y Y Y
06 / 05 / 2015

Amount of Each Disbursement this Period

250
-----

Transaction ID : B-E-1878

**B. Reliable Design Inc.**Mailing Address 305 Segune Avenue  
Suite 8

City	State	Zip Code
Staten Island	NY	10309-3709

Purpose of Disbursement  
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Special General 2015

Date of Disbursement

M M / D D / Y Y Y Y
06 / 05 / 2015

Amount of Each Disbursement this Period

100
-----

Transaction ID : B-E-1888

**c. The Light Medical PC**

Mailing Address 15 Leonello Lane

City	State	Zip Code
Staten Island	NY	10307

Purpose of Disbursement  
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Special General 2015

Date of Disbursement

M M / D D / Y Y Y Y
06 / 05 / 2015

Amount of Each Disbursement this Period

400
-----

Transaction ID : B-E-1884

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00

2925.00

